

UNITED STATES DISTRICT COURT

for the

Southern District of New York FRANGIE ESPINAL, ON BEHALF OF HERSELF
AND ALL OTHER PERSONS SIMILARLY SITUATED

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Plaintiff(s)

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FREEDOM LASER THERAPY, INC.

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Defendant(s)

Civil Action No. 1:24-cv-8196

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* FREEDOM LASER THERAPY, INC.
16782 Von Karman Ave., Unit 15
Irvine, CA 92606

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michael A. LaBollita, Esq.
GOTTLIEB & ASSOCIATES PLLC
150 East 18th Street, Suite PHR
New York, New York 10003
(212) 228-9795

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: October 29, 2024/S/ S. James*Signature of Clerk or Deputy Clerk*


A handwritten signature, "W. James", is written over the seal. The signature is in blue ink and is written in a cursive, flowing style. The seal itself is circular with the text "UNITED STATES DISTRICT COURT" at the top, "FOR THE SOUTHERN DISTRICT OF NEW YORK" around the bottom, and an eagle in the center.

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____ . I personally served the summons on the individual at *(place)* _____on *(date)* _____ ; or I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____ , who isdesignated by law to accept service of process on behalf of *(name of organization)* _____on *(date)* _____ ; or I returned the summons unexecuted because _____ ; or Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____ .

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc: